THE CITY OF SPRINGFIELD
OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

# REQUEST FOR PROPOSAL GUIDELINES:

# REHABILITATION OF BUILDINGS FOR NONPROFIT ORGANIZATIONS PROGRAM



REQUEST FOR PROPOSALS FOR FISCAL YEAR 2015-2016
DEADLINE FOR SUBMISSION: DECEMBER 15, 2015 (NOON)

### **SUMMARY:**

The City of Springfield invites proposals from nonprofit agencies for the use of Federal Community Development Block Grant (CDBG) funds for capital improvements to facilities that house services for low- and moderate-income households. Funds must be used for rehabilitation or construction for the purpose of preserving or expanding existing service capacity. The City of Springfield is seeking applications for projects that can be completed by September 2016. The City is making available \$300,000 from its annual entitlement and a maximum of \$25,000 will be awarded per organization for successful proposals. The City reserves the right to award more on a case by case basis.

Proposals must include information regarding the agency, the need for the project and its impact, the project concept and scope, accurate cost estimates, and other issues outlined in the RFP. Acceptable proposals are those that are received in a timely manner and contain all required components. Acceptable proposals will be reviewed by a review committee made up of City of Springfield staff. The selection process is expected to be completed by January 2016 and funds made available in February 2016.

Proposals must be consistent with the HUD Consolidated Plan, CDBG requirements, City Code, and other City policies. This RFP is an open, competitive process to award available resources based upon satisfaction of the described criteria. Submission of a proposal does not guarantee funding. The City may choose not to allocate all available resources. All applicants must be current on all Federal, State, and City taxes, as well as all City fees.

All potential applicants are encouraged to review the entire RFP before completing.

### TIMELINE FOR SELECTION PROCESS:

The RFP's will be available from 8:30 AM-4:00 PM November 16, 2015 through December 15, 2015 at: Office of Housing 1600 East Columbus Avenue Springfield, MA

November 16, 2015 - Request for Proposals issued November 30, 2015 - Last day to submit Questions by 4:00 PM

December 1, 2015 - Answers to questions will be posted on the City's website

December 15, 2015 - Proposals Due by 12:00 (Noon)

January 6, 2016 - RFP Committee meets to review, discuss and score proposals

January 12, 2016 - Final decisions will be made and letters will be mailed out

January 25, 2016 - Mandatory Technical Assistance meeting - Time and place TBD

February 1, 2016 - Projects begin

City staff CANNOT provide assistance in developing a project or writing the application. Additional questions regarding guidelines can be submitted to <a href="mailto:cbuono@sringfieldcityhall.com">cbuono@sringfieldcityhall.com</a> no later than 4:00 PM, November 30, 2015. Answers to all received questions will be posted on the City's website at <a href="http://www3.springfield-ma.gov/planning/index.php?id=dept\_cd">http://www3.springfield-ma.gov/planning/index.php?id=dept\_cd</a> on December 1, 2015 by 4:00 PM. All questions must be in writing.

Proposals (one original and four copies) are due back <u>December 15, 2015 by Noon</u>. **DEADLINE IS FIRM**. There are no exceptions. Deliver completed proposals to: Office of Housing 1600 East Columbus Avenue Springfield, MA

### **DESCRIPTION OF NONPROFIT CAPITAL FACILITIES PROGRAM:**

Funding will be available for capital improvement for local non-profit agencies or neighborhood organizations who own the building they are proposing for rehabilitation or construction. The proposed project must be necessary to increase or prevent the loss of service capacity. Increased or preserved service capacity may be demonstrated based on the number of clients served, the extent, relevance or quality of the services provided, or specific populations served.

The facility must be located within the City of Springfield limits and serve Springfield residents. Fifty-one (51%) or more of the clients served at the facility must have incomes below 80% of the Area Median Income. Agency must maintain written documentation on unduplicated Springfield low-income clients (including income, race and ethnic data, disability status, and head of household status) and have ability to track information during the period of benefit for the project.

Projects are selected based on agency capacity and experience, need and importance of services provided and impact of the project relative to those services, project feasibility, and financial feasibility.

### Rehabilitation or Construction Projects:

Agencies seeking funds for rehabilitation or construction must submit a well-developed scope of work, specifications, and construction cost estimates at the time of application. Proposals with complete plans and specifications will be prioritized over projects that are still in the conceptual stage. The Office of Community Development will conduct on-site monitoring visits throughout the project. All funds are paid out on a reimbursement basis unless otherwise approved by the Director of Administration and Finance in the Office of Community Development.

Projects involving rehabilitation or construction require Davis-Bacon wages for the entire project, not just the portion paid with CDBG funds. When requesting construction cost estimates from contractors, ensure the contractor is aware that this is a Federal Davis-Bacon ("prevailing")

wage") bid estimate. Due to the length of time between the application submission and the award, potential increases in labor and material costs should be factored into estimates. Projects over \$2,000 require Federal Davis-Bacon wages be paid.

All permitted work will require permits & inspections by the City or other agency as may apply. Obtaining permits and inspections are the responsibility of the general contractor but the Agency is ultimately responsible for all aspects of the project.

### **Environmental Reviews:**

The City is required to conduct an environmental review (ER) for all selected projects. Factors considered include age of the building, location in 100 year flood plan, proximity to explosive hazards, noise, and other hazards or impacts. The time required for the ER process depends on the proposed use of funds. The City cannot enter into an agreement or release any funds to a project prior to completion of the ER process. In addition, the agency cannot begin work with other sources of funds prior to completion of the ER process. Environmental reviews are required to comply with National Environmental Policy Act (NEPA) and HUD's enforcement measures.

### **Insurance Requirements:**

If the proposed project is funded, the agency will enter into a contract with the City of Springfield. All City contracts require insurance and indemnification language to protect against loss during construction activity. In construction or renovation contracts, the recipient organization is responsible for insuring against direct physical damage to the construction project as well as to construction materials stored at the construction site. Therefore, in addition to the required liability and workers' compensation insurance, the City of Springfield also requires the organization to provide evidence of property insurance which will protect the project site against damage while under construction

### **Accessibility Requirement:**

All projects must comply with Section 504, the Uniform Federal Accessibility Standard, Fair Housing Amendments, the Americans with Disabilities Act, and state and local codes for accessibility.

### The Use of Volunteers and In-Kind Contributions:

The use of volunteers, who are not otherwise employed by the organization or contractor, requires approval by the City of Springfield Office of Community Development in advance. The rationale for requiring City approval is that depending upon the scope of the work to be performed by volunteers certain state licensing requirements will apply. Pre-approval by the City applies specifically where volunteers are performing trade work (such as electrical and plumbing). Volunteers contributing in-kind services by performing trade work must be licensed

and in good standing with Commonwealth of Massachusetts Department of Public Safety. Inkind contributions must have a specific dollar value established in accordance with generally accepted accounting principles. The basis of determining the value for personal services and donated materials and supplies must be identified and documented in the proposal.

### **Sustainable Building Techniques:**

Projects funded should have the smallest impact on the environment possible. Organizations should consider utilizing recycled, less toxic, energy efficient, and bio-based products in their construction project. In cases where the demolition of a current structure is a part of the project, agencies should consider the impact to the environment discarded materials would have and investigate the feasibility of reuse or recycling these materials. Agencies should also incorporate into their project as many elements as possible from the Leadership in Energy and Environmental Design (LEED) Building Rating System.

### **CDBG Loan and Lien Policies**:

In order to assure the long-term benefit for low and moderate-income persons, CDBG funds provided for this program are in the form of a deferred loan. The deferred loan does not have to be repaid, provided that the agency continues to provide CDBG eligible services for a specified time period of 2 years. If the property is sold or its use changes to a non-CDBG eligible purpose during the applicable time period, the loan must be repaid to the City's CDBG program. The CDBG loan is secured by the placement of a lien on the real property and will be recorded in Registry of Deeds for Hampden County. The lien will be released by the City upon the conclusion of the compliance period service term, or if the loan is repaid to the City's CDBG program by the recipient organization.

### **Agency Reporting:**

Fifty-one percent (51%) or more of the clients served at the proposed location must have incomes below 80 percent of Area Median Income. The agency must maintain written documentation on unduplicated Springfield low-income clients (including income, race & ethnicity data, disability status, and head of household status). The data should be submitted by the agency at the time of project completion for the previous 12 month period, and annually thereafter for a period of two years.

### REQUIRED PROPOSAL COMPONENTS

Acceptable proposals must include all of the components described below:

### **Narrative Statement:**

The narrative statement must be on letterhead and include a brief summary with project concept and target population, total project cost, amount of CDBG funds requested, property address, ownership entity, phone number, and email address of agency representative. The statement must be signed by the agency director and must certify that the proposal and budget included in the application are correct.

### **Agency Information and Population Served**

- Description of agency including mission, primary activities, and history
- Description of the population served and all activities conducted in facility to be improved
- Description of the need for these services and impact
- Describe sources of funds for services provided in the facility
- Most recent audited financial statement and organizational budget
- Copy of 501(c) 3 certificate
- Federal Taxpayer Identification Number (EIN)
- DUNS Number List organizations D-U-N-S number
- Current list of Board of Directors
- Notarized Tax Certification (form attached)
- Corporate Certificate (form attached)
- Conflict of Interest (form attached)
- Debarment Certificate (form attached)

### **Proposed Project**

- Description of proposed use of CDBG funds and how use will maintain or expand the agency's ability to provide services
- Description of facility including location, size, and current use
- Description of property improvements
- Identification of any permits required for the project
- · Description of any historic buildings on site or adjacent to site
- Photos of facility and proposed project area

### Financial Feasibility

- Complete sources and uses budget using attached template
- Three quotes for project costs. The lowest quote will be used.
- Provide detailed information about other funding sources including any restrictions, time limitations, the status of approval, and copies of letters of commitment

### CRITERIA FOR PROPOSAL EVALUATION

All proposals will be reviewed by the committee and evaluated in three categories described below.

**Exceptional:** The proposal significantly exceeds the standards set forth in the criteria and shows significant innovation and benefit.

**Acceptable:** The proposal meets the standards set forth in the criteria.

**Needs Improvement:** The proposal does not meet the standards set forth in the criteria, and could or could not be modified to meet the standards.

### 1. Organizational Experience and Performance

Acceptable proposals must demonstrate that the agency has experience in serving the targeted population and demonstrate that their organization is financially viable for the application period of benefit.

### 2. Project Need and Importance

Who will be served by the project and why it is needed? How will the project impact persons with low and moderate incomes and what critical ongoing needs will be addressed through this project. Why is the project necessary to increase or prevent the loss of services to low and moderate income persons?

### 3. Project Feasibility

Acceptable proposals must demonstrate that the designed project site is suitable for the services provided for the targeted population and the project can be completed in a timely manner. The applicant must have site control.

### 4. Financial Feasibility

Acceptable proposals must provide a sources and uses budget. Acceptable proposals must demonstrate that other resources necessary for the project are committed at the time of the application.

### TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

P.O. Box (If any):    City/State/Zip Code:   Telephone Number:	Individual Social Security Number	State Identification Number	Federal Identification Number
City/State/Zip Code:  Telephone Number:  East address(es) of all other property owned by company in Springfield:  Please Identify if the bidder/proposer is a:  Corporation  Individual  Name of Individual:  Partnership  Names of all Partners:  Limited Liability Company  Names of all Managers:  Limited Liability Partnership  Names of all Managers:  Limited Partnership  Names of all General Partners:  Limited Partnership  Names of all Managers:  Limited Liability Partnership  Names of all Partners:  Limited Partnership  Names of all Partners:  Limited Liability Partnership  Names of all Partners:  Limited Partnership  Names of all Partners:  Limited Partners:  Limited Partnership  Names of all Partners.  Limited Pa	Company:		
Telephone Number:  List address(es) of all other property owned by company in Springfield:  Please Identify if the bidden/proposer is a:  Corporation  Individual Name of Individual:  Partnership Names of all Partners:  Limited Liability Company Names of all Partners:  Limited Liability Partnership Names of all Managers:  Limited Partnership Names of all General Partners:  Limited Partnership Names of Bid General Partners:  Limited Liability Partnership  Names of all Partners:  Limited Liability Partnership Partners  Emited Liability Partnership  Names of all Partners:  Limited Liability Partnership  Names of all Partners:  Limited Liability Partnership Partners in Partners Partnership Partners	P.O. Box (if any):	Street Address Only:	
List address(es) of all other property owned by company in Springfield:    Please Identify if the bidder/proposer is a:	City/State/Zip Code:		
Please Identify if the bidder/proposer is a:    Corporation	Telephone Number:	Fax Number	r:
Individual Name of Individual:    Partnership   Names of all Partners:	List address(es) of all other property of	owned by company in Springfield:	
Names of all Partners:	Please Identify if the bidder/proposer is a	<i>a</i> :	
Partnership  Names of all Partners:  Limited Liability Company  Names of Partners:  Limited Liability Partnership  Names of Partners:  Limited Partnership  Names of all Partners:  Limited Partnership  Names of all Managers:  Limited Partners  L	Corporation		
Names of all Managers:	Individual	Name of Individual:	
Names of Partners:	Partnership	Names of all Partners:	
Authorized Person's Signature  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that  (authorized agent)  Corrify under the pains and penalties of perjury that  (Bidder/Proposer)  CITY OF SPRINGFIELD TAX CERTIFICATION  (authorized agent)  Certify under the pains and penalties of perjury that  (Bidder/Proposer)  Date:  CITY OF SPRINGFIELD TAX CERTIFICATION  (Bidder/Proposer)  COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION  (Bidder/Proposer)  Date:  COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION  (Bidder/Proposer)  Commonwealties of perjury that  (Bidder/Proposer)  (Bidder/Proposer)  Date:  (Bidder/Proposer)	Limited Liability Company	Names of all Managers:	
FEDERAL TAX CERTIFICATION  FEDERAL TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Complete the following certification that the pains and penalties of perjury that (Bidder/Proposer)  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Complete the balance of perjury that (Bidder/Proposer)  Complete the b	Limited Liability Partnership	Names of Partners:	
FEDERAL TAX CERTIFICATION  FEDERAL TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Bate:  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Certify under the pains and penalties of perjury that (Bidder/Proposer)  CITY OF SPRINGFIELD TAX CERTIFICATION  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Commonwealth to pain and penalties of perjury that (City).  Date:  COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION  Date:  Certify under the pains and penalties of perjury that (Bidder/Proposer)  Commonwealth OF MASSACHUSETTS TAX CERTIFICATION  Date:  Commonwealth OF Massachuse complied with all state taxes required by law.  Date:  Date:	imited Partnership	Names of all General Partners:	
Authorized Person's Signature  CITY OF SPRINGFIELD TAX CERTIFICATION certify under the pains and penalties of perjury that, to my best knowledge and (authorized agent) (Bidder/Proposer) elief, has/have complied with all City of Springfield taxes required by law(has/have entered into a Payment Agreement with the City).  Date:  COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION  Date:  Guthorized agent) (Bidder/Proposer)  wrsuant to M.G.L. c. 62C '49A, I, certify under the pains and penalties of perjury that  (authorized agent) (Bidder/Proposer)  my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.  Date:	(authorized agent)	fy under the pains and penalties of perjury that(Bidde	to my best knowledge and
CITY OF SPRINGFIELD TAX CERTIFICATION	sidder/Proposer		
certify under the pains and penalties of perjury that, to my best knowledge and (authorized agent) (Bidder/Proposer) elief, has/have complied with all City of Springfield taxes required by law(has/have entered into a Payment Agreement with the City).  Date: idder/Proposer Authorized Person's Signature  COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION  ursuant to M.G.L. c. 62C '49A, I, certify under the pains and penalties of perjury that (authorized agent) (Bidder/Proposet my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.  Date:  Date:		Ç	CATION
COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION  arsuant to M.G.L. c. 62C '49A, I, certify under the pains and penalties of perjury that (authorized agent) (Bidder/Proposer my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.  Date: Date:	(authorized agent)	fy under the pains and penalties of perjury that(Bidd y of Springfield taxes required by law(has/have entered)	to my best knowledge and der/Proposer) ed into a Payment Agreement with the City).
ursuant to M.G.L. c. 62C '49A, I, certify under the pains and penalties of perjury that (authorized agent) (Bidder/Proposer my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.  Date: Date:	idder/Proposer	Authorized Person's Signature	
(authorized agent)  my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.  Date:	9	COMMONWEALTH OF MASSACHUSETTS TAX	CERTIFICATION
my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.  Date:	ursuant to M.G.L. c. 62C '49A, I, _	certify under the pains a	nd penalties of perjury that
idder/Proposer Authorized Person's Signature Date:	my best knowledge and belief, has/l		(Bidder/Proposer) with all state taxes required by law.
	idder/Proposer	Authorized Person's Signature	

### Notary Public

### COMMONWEALTH OF MASSACHUSETTS

,55.	, 2015
Then personally appeared before me [name] of [company name] , bein knows the contents thereof; and that the facts stated therein are tradeed and the free act and deed of [company name]	ng duly sworn, and made oath that he/she has read the foregoing document, and ue of his/her own knowledge, and stated the foregoing to be his/her free act and
My commission expires:	Notary Public

YOU MUST FILL THIS FORM OUT COMPLETELY AND YOU MUST FILE THIS FORM WITH YOUR BID.

## VOTE OF CORPORATION AUTHORIZING EXECUTION OF CONTRACT

I, the undersigned, a resident of	in the State of	hereby certify
that I am the or duly authorized office		
a Massachusetts Corporation duly organized by la		
of vote prepared at a meeting of the Directors of s		
, at which meeting a n	najority of the Directors we	ere present and acting
throughout.		
VOTED: That	the	of the
VOTED: That(Authorized Official*)	(Title)	
aforementioned corporation, be and hereby is authorized	orized to affix the corporat	e Seal, sign and deliver
in the name and on behalf of the corporation a cont	ract with the City of Spring	gfield Office of
Community Development for	in the ar	nount of \$
effective for the Fiscal Year 2016 commencing July 1	1, 2015 and ending June 30,	, 2016, for activities
authorized in accordance with the United States De	partment of Housing and	Urban Development.
I further certify that the said vote as set out a	above has not been revoke	d or rescinded and is
now in full force and effect, that said vote and action	n ordered thereby are in p	ursuance of the By-Laws
of this Corporation.		
IN WITNESS WHEREOF, I hereto set my hand this	day of	. 2015
Corporate Seal		
•	Clerk/Secretary	

<sup>\*</sup>This Must be the Person Authorized in your By-Laws to sign contracts.

NOTE: Since an Officer cannot certify to himself, this must be signed by someone other than the one signing the contract.

IF YOU DO NOT ALREADY HAVE A CONFLICT OF INTEREST STATEMENT, YOU MAY USE THE INFORMATION PROVIDED HERE; HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.

### Conflict of Interest Statement

No staff or Board of Director of the	will financially benefit
from performing their prescribed duties other tha	
salary of contract. Additionally no staff member	
of any of the resources with	
Chairperson.	
All transactions conducted by staff and the Board whose sole intent is to enhance the role and the m	•
Dated:	
	(signature of authorized agent)
	(printed name of agent)

### **DEBARMENT CERTIFICATE**

Name of Subrecipient	<del></del>
Described herein and attached here to as Attachment IV is SUBRECIPIENT stating that neither the SUBRECIPIEN SUBRECIPIENT has been debarred, suspended or determined to perform the services of this contract.	T nor any subcontractor secured by the
By signing this Certificate, the organization expressly under person responsible for performing activities/services under to engage in the activity under this contract.	
Dated:	(signature of authorized agent)
	(printed name of agent)

# PROGRAM BUDGET (CDBG SHARE AND MATCH) SOURCES AND USES

Organization:					
Project:					
Capital Improvement Request:	t:				
		Estimated Cost	CDBG Share	Match Amount	Source of Match
		,			
				:	
	Total Project Request:				